



# Scholarship Application Form

Grace Baptist Church of Germantown  
25 West Johnson Street  
Philadelphia, PA 19144

Print Form

Today's Date:

## PERSONAL INFORMATION

<b>NAME</b> ( <i>Last, first, middle initial</i> )	<b>Last 4 digits of SS or Student ID</b>	<b>BIRTH DATE</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
<b>ADDRESS</b> ( <i>include house number, street, city, state, zip code</i> )	<b>DAY TIME OR CELL PHONE</b>	<b>E-MAIL ADDRESS</b>	

If you are categorized as a dependent student, please provide information regarding your parent(s) or guardian:

<b>NAME</b> ( <i>Last, first, middle initial</i> )	<b>ADDRESS</b> ( <i>if different from yours</i> )
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## CHURCH INVOLVEMENT

List the organizations and activities in which you have participated.

<b>NAME OF ORGANIZATION/ACTIVITY</b>	<b>DATE:</b>	<b>From</b>	<b>To</b>

## EDUCATIONAL BACKGROUND

<b>HIGH SCHOOL NAME</b>	<b>ADDRESS</b>	<b>GPA</b>
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<b>UNIVERSITY/COLLEGE NAME</b>	<b>ADDRESS OF FINANCIAL AID OFFICE</b>
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<b>TUITION COST</b>	<input type="radio"/> UNDERGRADUATE: <input type="radio"/> FRESHMAN <input type="radio"/> SOPHOMORE <input type="radio"/> JUNIOR <input type="radio"/> SENIOR <input type="radio"/> GRADUATE
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<b>MAJOR:</b>	<b>MINOR:</b>	<b>CREDITS PER SEMESTER</b>
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PLEASE LIST ANY COMMUNITY SERVICE, AND/OR EXTRA-CURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED.


PLEASE LIST ANY HONORS AND AWARDS THAT YOU HAVE RECEIVED.


I WANT TO APPLY FOR AN ADDITIONAL SCHOLARSHIP FOR WHICH I MEET THE REQUIRED CRITERIA.

PLEASE LIST THE NAME OF THE SCHOLARSHIP AND DESCRIBE HOW YOU QUALIFY.


**TRANSCRIPT**

**REQUIRED:** AN **OFFICIAL** TRANSCRIPT SHOWING YOUR CURRENT GRADES IS REQUIRED IN SUPPORT OF YOUR APPLICATION.

**NEW APPLICANTS ONLY:** Provide three references from people who know you well. One person should be a member of Grace. One person should be from your school. No relatives please. A form is attached. The completed application and the references should be sent to:

Scholarship Chairperson  
Grace Baptist Church of Germantown  
25 West Johnson Street  
Philadelphia, Pennsylvania 19144

Electronic responses may be sent to the email account of  
Ms. Sandi Johnson (sej2442000@hotmail.com)

I affirm that the information that I have provided is accurate. I understand that any intentional misinformation will result in the automatic disqualification for future scholarships.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Final Check List-**

Completed Application Form \_\_\_\_\_  
Official Copy of Report Card/ Transcript \_\_\_\_\_  
3 References - **New Applicants Only**

The Scholarship Committee will notify you concerning the approval of your application.

**REFERENCES:**

**Reference for** \_\_\_\_\_

*Thank you for your willingness to serve as a reference for the above student. Kindly tell us how long you have known the applicant and in what capacity. Comment on the character of the applicant.*

*Comment on the academic potential of the applicant. Give any additional information that you think may be of help in the evaluation process.*

*Please send your reference to the Grace Baptist Church of Germantown*

*Attention: Scholarship Ministry  
25 West Johnson Street  
Philadelphia, PA 19144*